

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>20</i>	06-06-01
O.I.P.E. CLASSIFIER		<i>579</i>	<i>6/16</i>
FORMALITY REVIEW	<i>MD</i>	<i>579</i>	<i>8/11/01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1091</i>	<i>10-22-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-12-02
2	✓	✓	1-31-03
3	✓	✓	8-6-03
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	8-6-03
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

579  
 8/10/01  
 10/23/01